

7-12-04
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	101009611	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			12			
TOTAL DEP.			16			
TOTAL CLAIMS			28			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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